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## \*BIBDATASHEET\*

CONFIRMATION NO. 1858

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/713,866	11/14/2003	257	2811	VAI 330
RULE				

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/273,605 10/18/2002 and is a CIP of 10/282,904 10/28/2002  
and claims benefit of 60/426,633 11/14/2002  
and said 10/273,605 10/18/2002  
is a CIP of 09/549,970 04/14/2000 ABN  
and is a CIP of 09/694,077 10/19/2000  
and is a CIP of 10/120,900 04/10/2002  
and claims benefit of 60/343,682 10/26/2001  
and claims benefit of 60/343,685 10/26/2001  
and claims benefit of 60/344,482 10/26/2001  
and claims benefit of 60/413,675 09/24/2002  
and claims benefit of 60/359,207 02/21/2002  
and claims benefit of 60/345,606 10/26/2001  
and claims benefit of 60/344,483 10/26/2001  
and said 09/549,970 04/14/2000  
claims benefit of 60/129,664 04/15/1999  
and claims benefit of 60/170,947 12/15/1999  
and said 09/694,077 10/19/2000  
is a CIP of 09/549,970 04/14/2000 ABN  
and claims benefit of 60/241,714 10/18/2000  
and said 10/282,904 10/28/2002  
is a CIP of 09/694,077 10/19/2000  
and is a CIP of 10/120,900 04/10/2002  
and claims benefit of 60/348,025 10/26/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/11/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	4	25	4
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

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## TITLE

PARTICLES WITH LIGHT-POLARIZING CODES

<b>FILING FEE RECEIVED</b> 773	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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